G. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13432

State File No. 1877

Registration District No. 149 FILED MAY 6 1946

Primary Registration District No. 1002

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 648 Park 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community since 1918 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 648 Park 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George W. Whitaker

3. (b) If veteran, name war World War #1

3. (c) Social Security No. none

4. Sex M 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Whitaker

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec (Month) 16th (Day) 1895 (Year)

8. AGE: Years 50 Months 4 Days 84 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Okla 1 (State or foreign country)

10. Usual occupation Disabled Vet.

11. Industry or business World War #1

FATHER
12. Name Sam Whitaker
13. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Winner
15. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Mrs Mary Bigus

(b) Address Ironton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs C. L. Foster

(b) Address 918 Brooklyn

19. (a) 4-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20 year 1946 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 15 1945, 19..., to April 20, 1946 that I last saw him alive on April 15-1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Mitral Regurgitation & Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131a

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harry W. Ongay (M. D. or other)

Address 1401 Prospect Kc Mo Date signed 4-22-46

(Licensed Embalmer's Statement on Reverse Side)

After 4 P.M. Thursday

MAY 10 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.